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Department of Health Services Toxic Substances Control Division

Sacramento, California TANK 206 - 207 - 212 Please print or type. (Form designed for use on elite (12-pitch) typewriter.) Information in the shaded areas is not required by Federal law. 1. Generator's US EPA ID No. Manifest UNIFORM HAZARDOUS Document No. WASTE MANIFEST D 0 8 6 5 1 0 0 0 of A.State Manifest Document Number Generator's Name and Mailing Address BoughastAircraft Co. 84924025 190th & Normandie Ave. B.State Generator's ID 4. Generator's Phone (213-533-6677 Torrance, CA 90502 C.State Transporter's ID (1/0) US EPA ID Number Transporter 1 Company Name 6. D.Transporter's Phone 005080685 011 Process Co. E.State Transporter's 613-585-5063 Transporter 2 Company Name 8. US EPA ID Number F.Transporter's Phone US EPA ID Number G.State Facility's ID Designated Facility Name and Site Address 10. P.O. Box E NTU Road CASHALIA H.Facility's Phone Casmalia. Ca. 93429 C A D O 2 O 7 4 8 1 2 5 12.Containers Unit 11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number) Total Waste No. No. Type Quantity Nt/Vo a. E N 121 Waste Sodium Hydroxide solution - Corrosive 001 G E b. T 0 C. d. K. Handling Codes for Wastes Listed Above Additional Descriptions for Materials Listed Above P.H. 12 Sodium Hydroxide Sodium Aluminate 6% 4% 4% Sulfur 15. Special Handling Instructions and Additional Information **Gu1de #60** Use gloves, goggles - May cause severe burns to skin & eyes. 16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national governmental regulations. Date Month Day Year Printed/Typed Name Signature Donald C. Gerber 17. Transporter 1 Acknowledgement of Receipt of Materials Date Month Day Year Printed/Typed Name Signature ANSPO 18. Transporter 2 Acknowledgement of Receipt of Materials Date Signature Month Day Year Printed/Typed Name ER 19. Discrepancy Indication Space Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19. Date

Signature

Printed/Typed Name

CEMMED

Month Day Year